Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

IIILEITIAIT	reveilue dei vice							
Submi	ssion Identification Number (SID)							
Taxpaye	er's name	Social secu	rity numl	oer				
ROHA	AN R NYALAPATLA	332-19-0973						
Spouse'		Spouse's social security number						
Dowl	Tou Detum Information Tou Very Ending December 24			داد د ما	: \			
Part	, ,	year you	are au	tnoriz	ing.)			
	whole dollars only on lines 1 through 5. Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1	Adjusted gross income		1		62.	240.		
2	Total tax		2			458.		
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			970.		
4	Amount you want refunded to you		4			512.		
5	Amount you owe		5		<u> </u>	<u> </u>		
Part		еер а со	oy of y	our r	eturr	າ)		
my known return (to send for any Agent t paymer authoriz paymer busines taxes t persona	penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) by by by and belief, it is true, correct, and complete. I further declare that the amounts in Part I above original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmal my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejected and processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U or initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indict of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate ont, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requises days prior to the payment (settlement) date. I also authorize the financial institutions involved in the or receive confidential information necessary to answer inquiries and resolve issues related to the pain in the contact of the payment (PIN) below is my signature for the income tax return (original or amended) I and income tax return (original or amended) I and it is forced in the contact the U.S. and the payment (PIN) below is my signature for the income tax return (original or amended) I are forced in the contact the U.S. and the payment (PIN) below is my signature for the income tax return (original or amended) I are forced in the contact the U.S. and the payment (PIN) below is my signature for the income tax return (original or amended) I are forced in the contact the U.S. and the payment (PIN) below is my signature for the income tax return (original or amended) I are forced in the contact the U.S. and the payment (PIN) the U.S. and the payment of the payment (PIN) the U.S. and the payment of	e are the ar tter, or elect ection of the S. Treasury cated in the in to debit the the authori- lests must be processing of ayment. I fu	nounts to ronic re- transmist and its of tax preperently ation. To be receipt the elerther ac	rom the turn original contents of this for the text of the text or the text of the text of the text of the text or the text of the text or the text of	ie inco ginato (b) the ated Fin softwaccou accou	ome tax or (ERO) reason inancial vare for nt. This ancel) a than 2 ment of that the		
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Your s	ignature ▶ Date ▶							
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	ERO firm name		nter five	diaits.		as my		
	signature on the income tax return (original or amended) I am now authorizing.		on't ente					
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	Practitioner PIN Method Returns Only—continue below							
Part	III Certification and Authentication — Practitioner PIN Method Only							
FRO's	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 2 2	2 4 9	6 6	1 9	8	9		
			iter all ze		1 -	_		
authori	r that the above numeric entry is my PIN, which is my signature for the electronic individual income to zed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of Ir	itting this re	turn in a	accorda	anće v			
ERO's	signature ▶ Date ▶							
	ERO Must Retain This Form — See Instructions							
	Don't Submit This Form to the IRS Unless Requested To I	o So						

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2022	
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OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

one box. If you checked the MRS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying persons is a child but not your dependent: Your first name and middle initial Last name NYALAPATLA 32 2 1 9 - 0.9 73 RollAN R If joint return, spouse's first name and middle initial Last name NYALAPATLA 33 2 - 19 - 0.9 73 Spouse's social security number 33 2 - 19 - 0.9 73 Spouse's Social security number 34 2 - 10 - 0.9 73 Spouse's Social security number 35 2 - 19 - 0.9 73 Spouse's Social security number 36 2 - 15 ESCENN BLVD TX 75 0.3 9	Filing Status	X S	Single Married filing jointly	Marri	ed filing separately	(MFS)	Head of	hous	sehold (HOF	l)		ifying survi	ving	
person is a child but not your dependent: **Vour first name and middle initial** **ROHAN R** **ROHAN R** **ROHAN R** **It paint return, spouse's first name and middle initial** **Last name** **Spouse's social security number** **Spouse social security number** **Spouse social security number** **Total amountry name** **Freeding nountry name** **Freeding nountry name** **Foreign province state country** **Foreign province state country	Check only one box.	If vo	u checked the MFS box, enter the	name of	vour spouse. If voi	ı check	ed the HOH o	r QS	S box. ente	r the c			e qualifying	
ROHAN R NYALAPATLA Spouse's first name and middle initial Last name Spouse's social security number Spouse State ZIP code Spouse's first name State Tax Spouse State ZIP code Spouse	0.10 20711				, oa. opoace , o.				<i>5 5 6 7 7 7 7 7 7 7 7 7 7</i>				, dam.,	
If joint return, spouse's first name and middle initial Last name Last name Last name Apt. no. 3147 Spouse's social security number Apt. no. 3147 Apt. n	Your first name	and mi	ddle initial	Last na	ıme					Y	our so	cial security	number	
If joint return, spouse's first name and middle initial Last name Last name Last name Apt. no. 3147 Spouse's social security number Apt. no. 3147 Apt. n	ROHAN R			NYAI	LAPATLA					3	332-19-0973			
City lown, or post office. If you have a foreign address, also complete spaces below. State ZIP code TX 75 0.39		pouse's	first name and middle initial	_										
City lown, or post office. If you have a foreign address, also complete spaces below. State ZIP code TX 75 0.39														
State Try Tr	Home address	(numbe	er and street). If you have a P.O. box, se	ee instructi	ons.				Apt. no.	Pr	esider	ntial Electio	n Campaign	
TRYTING	6245 ESC	CENA	BLVD						3147				,	
Foreign country name	City, town, or p	ost offic	ce. If you have a foreign address, also	complete s	spaces below.	Sta	te	ZIP	code					
Foreign country name	IRVING					TX	Σ	75	039					
Digital Assets	Foreign country	/ name			Foreign province/sta	te/count	У	Fore	eign postal co				J .	
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)												You	Spouse	
Assets exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)	Digital	At ar	ny time during 2022, did you: (a) re	eceive (as	a reward, award,	or payn	nent for prope	rty c	r services);	or (b)	sell,			
Spouse itemizes on a separate return or you were a dual-status alien	Assets											☐ Yes	⊠ No	
Age/Blindness You: Were born before January 2, 1958 Are blind Spouse: Was born before January 2, 1958 Is blind Dependents (see instructions): (2) Social security (3) Relationship to you Child tax credit Credit for other dependents han four dependents, see instructions	Standard	Som	eone can claim: You as a c	dependen	t Your spo	use as	a dependent							
Dependents (see instructions): (if more than four dependents): (if more than four dependents depe	Deduction		Spouse itemizes on a separate ret	urn or yoเ	u were a dual-stati	us alien								
Dependents (see instructions): (if more than four dependents): (if more than four dependents depe	Age/Blindness	· Vall	Were born before January 2	1058 [Are blind	Snouse	· Mas box	rn he	ofore Janua	n/2 1	058	☐ le blir	nd	
If more than four dependents, see instructions and check here				1930	T	•				, ,				
If more than four dependents, see instructions and check here	-					irity		np			· 1	•	•	
dependents, see instructions and check here		(1)11	Last name				. ,		Offilia ta	7				
Income	dependents,										_		<u>-</u>	
Income		s —											<u></u>	
b Household employee wages not reported on Form(s) W-2 Attach Form(s) W-2 here, Also attach Forms W-2 here, Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions If Wages from Form 8919, line 6 Wages from Form 8919, line 6 Other earned income (see instructions) In the combat pay election (see instructions) In the combat pay election (see instructions) Add lines 1 a through 1 h Attach Sch. B a la RA distributions If required. Attach Sch. B a la RA distributions Add lines 1 a through 1 h Attach Grandard Deduction for Single or Married filing separately. \$12,950 Married filing separately. \$12,950 Married filing piontly or Qualifying surviving spouse, \$25,500 Married filing long to the combat pay election method, check here (see instructions) Married filing spouse, \$25,500 Married filing long to the combat pay election method, check here (see instructions) Married filing spouse, \$25,500 Married filing long to the combat pay election method, check here (see instructions) Married filing long to the combat pay election method, check here (see instructions) Married filing separately. \$1,250 Married filing long to the combat pay election method, check here (see instructions) Married filing separately. \$1,250 Married filing long to the combat pay election method, check here (see instructions) Married filing long to the combat pay election method, check here (see instructions) Married filing long to the combat pay election method, check here (see instructions) Married filing long to the combat pay election method, check here (see instructions) Married filing long to the combat pay election method, check here (see instructions) Married filing long to the combat pay election method, check here (see instructions) Married filing long to the combat pay election method, check here (see instructions) Married filing long to the combat pay election method, check here (see instructions) Married filing long to the combat pay election of long to the comb	here	1								-				
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Attach Forms W-2 here. Also attach Forms W-2 gand 1099-Ri ft ax was withheld. If you did not get a Form W-2, see instructions. Z Add lines 1a through 1h Attach Sch. B 2a Tax-exempt interest . 2a b Taxable interest . 2b Gaulfied dividends . 3a Gualified dividends . 3a	income			,	,			Ċ				<u> </u>	0,310.	
W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you idid not get a Form h W-2, see instructions In the interpolation of	Attach Form(s)													
W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. If you did not get a Form W-2, see instructions. Attach Sch. B aif required. Attach Sch. B action of the schedule of the surviving spouse, surviving sp		d		`	,									
## was withheld. If you did not get a form by the control of the c	W-2G and	е	• •	•	. ,						1e			
get a Form W2, see instructions. Mages from Form 8919, line 6 1g 1h 0.	1099-R if tax	f	•		·	29 .					1f			
Note See		g	Wages from Form 8919, line 6.								1g			
Instructions. Z Add lines 1a through 1h Attach Sch. B Attach Sch. B If required. 2a	get a Form	h	Other earned income (see instruc	ctions)									0.	
Add lines 1a through 1h Attach Sch. B Attach Sch. B Tax-exempt interest	W-2, see	i	Nontaxable combat pay election	(see instructions)										
Standard Hard distributions Hard distribution	instructions.	z	Add lines 1a through 1h								1z	6	8,540.	
Aa IRA distributions	Attach Sch. B	2a	Tax-exempt interest	2a		b Ta	axable interes	t			2b			
Standard Deduction for—Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Declaration of the production, Deduction, Deduction, Deduction, Description of Married filing spouse, \$25,900 Add lines 12 and 13 Qualified business income deduction from Form 8995 or Form 8995-A B Pensions and annuities . 5a	if required.	3a	Qualified dividends	3a		b 0	rdinary divide	nds			3b			
Social security benefits Social security Social secucity Social secucity Social sec		4a	IRA distributions	4a		b Ta	axable amoun	t.			4b			
Single or Married filing separately, \$12,950 Married filing jointly or Qualifying surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, \$20,000 to the content of the	Standard	5a	Pensions and annuities	5a		b Ta	axable amoun	t.			5b			
Married filing separately, 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 57. Subtract line 10 from line 9. This is your adjusted gross income 59. Add lines 12 and 13		6a	Social security benefits	6a		b Ta	axable amoun	t.			6b			
### Capital gain of (loss). Attach Schedule D if required, the frequired, check here #### Other income from Schedule 1, line 10 #### Other income from Schedule 1, line 10 ###################################	Married filing	С	If you elect to use the lump-sum	election	method, check he	re (see	instructions)							
jointly or Qualifying Surviving spouse, \$25,900 Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, Deduction, Deduction, Deduction, Subtract line 14 from line 11 If zero or less enter -0- This is your total income		7	Capital gain or (loss). Attach Sch	nedule D i	f required. If not re	equired,	, check here				7			
Qualifying surviving spouse, \$25,900 4dd lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 62,240. Head of household, \$19,400 11 Subtract line 10 from line 9. This is your adjusted gross income 11 62,240. If you checked any box under Standard Peduction, 2bd and box under Deduction, Deduction, 15 13 Qualified business income deduction from Form 8995 or Form 8995-A 13 Deduction, 15 Subtract line 14 from line 11. If zero or less enter -0- This is your taxable income 15 49 290	Married filing	8									8		<u>6,300.</u>	
Head of household, \$19,400 If you checked any box under Standard Deduction, 15 Deduction, 15 Add lines 12 and 13 Add lines 12 and 13 Subtract line 10 from line 9. This is your adjusted gross income 11 Subtract line 10 from line 9. This is your adjusted gross income 12 13 14 15 Subtract line 10 from line 9. This is your adjusted gross income 16 17 18 19 19 19 19 19 19 19 19 19	Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b,	7, and 8.	This is your total	income					9	6	2,240.	
Head of household, \$19,400 If you checked any box under Standard Deduction, Deduction, Deduction, 15 Subtract line 10 from line 9. This is your adjusted gross income		10	Adjustments to income from Sch	nedule 1,	line 26						10			
\$19,400	Head of	11	Subtract line 10 from line 9. This	is your a	djusted gross ind	ome					11	6	2,240.	
any box under Standard 14 Add lines 12 and 13		12	Standard deduction or itemize	d deduct	ions (from Sched	ule A)					12	1	2,950.	
Standard 14 Add lines 12 and 13	If you checked	13	Qualified business income deduc	ction fron	n Form 8995 or Fo	rm 899	5-A				13			
	Standard										14			
		15	Subtract line 14 from line 11. If z	ero or les	s, enter -0 This i	s your t	axable incom	ne			15	4	9,290.	

Form 1040 (2022	2)							Page 2
Tax and	16	Tax (see instructions). Check if any from	Form(s): 1 881	4 2 4972	3 🗌		16	6,458.
Credits	17	Amount from Schedule 2, line 3					17	
	18	Add lines 16 and 17					18	6,458.
	19	Child tax credit or credit for other depe	endents from Sched	ule 8812			19	
	20	Amount from Schedule 3, line 8					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or	less, enter -0				22	6,458.
	23	Other taxes, including self-employment	t tax, from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total	tax				24	6,458.
Payments	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a	9,970.		
	b	Form(s) 1099			25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c					25d	9,970.
If you have a	26	2022 estimated tax payments and amo	ount applied from 20	021 return			26	
qualifying child,	27	Earned income credit (EIC)		No .	27			
attach Sch. EIC.	28	Additional child tax credit from Schedule	8812		28			
	29	American opportunity credit from Form	8863, line 8		29			
	30	Reserved for future use			30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27, 28, 29, and 31. These are	your total other p a	ayments and refu	ndable credits	s	32	
	33	Add lines 25d, 26, and 32. These are yo	our total payments				33	9,970.
Refund	34	If line 33 is more than line 24, subtract	line 24 from line 33.	This is the amour	nt you overpai d	d	34	3,512.
	35a	Amount of line 34 you want refunded t		is attached, chec	k here	🗆	35a	3,512.
Direct deposit?	b	Routing number 0 1 1 0 0 0			Checking [Savings		
See instructions.	d	Account number 4 6 6 0 0 2	2 9 6 4 '	7 2				
	36	Amount of line 34 you want applied to	your 2023 estimate	ed tax	36			
Amount You Owe	37	Subtract line 33 from line 24. This is the For details on how to pay, go to www.ii	•				37	
	38	Estimated tax penalty (see instructions))		38			
Third Party Designee		you want to allow another person to				Complete	below.	⋈ No
		signee's	Phone			rsonal ident	ification	
		me	no.			mber (PIN)		
Sign		der penalties of perjury, I declare that I have ex lief, they are true, correct, and complete. Declar						
Here	Yo	ur signature	Date	Your occupation		If th	e IRS sei	nt you an Identity
				·				IN, enter it here
Joint return?				SOFTWARE E		,	inst.)	
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		gn. Date					nt your spouse an ection PIN, enter it here
	Ph	one no. (617)639-7766	Email address	ROHAN.NYALAP	ATLA@GMAIL.	COM		
Doid	Pre	eparer's name Preparer's	signature		Date	PTIN		Check if:
Paid	VENK	KATA SAI PAVAN KUMAR DUDIPALLI VENKATA	SAI PAVAN KUM	AR DUDIPALLI	04/04/2023	3 P0247	0833	Self-employed
Preparer	Fin	m's name GLOBAL TAXES LLC	7					678)965-9522
Use Only	Fir	m's address 245 ROONEY CT E	BRUNSWICK N	J 08816		Firm	ı's EIN	88-2145487
								1010

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022
Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

ROHAN R NYALAPATLA

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number 332-19-0973

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Atta	ch Schedule E .	5	-6,300.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
а	Net operating loss	8a ()		
b	Gambling	8b		
С		8c		
d	9	8d ()		
е	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	, , , ,	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
ı	Income from the rental of personal property if you engaged in the rental			
	for profit but were not in the business of renting such property	81		
m	Olympic and Paralympic medals and USOC prize money (see			
	,	8m		
n	·	8n		
0	,	80		
р	•	8p		
q	·	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
S	Nontaxable amount of Medicaid waiver payments included on Form			
	1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualifed deferred compensation plan or			
	a nongovernmental section 457 plan	8t		
		8u		
Z	Other income. List type and amount:	0-		
0		8z		
9 10	Total other income. Add lines 8a through 8z		9 10	-6,300.
10	Compile lines i unioudii / and 9. Enternere and on Form 1040. 1040-5K.	UL TU4U-INM. IIIIE 8	IU	-0,300.

Schedule 1 (Form 1040) 2022 Page **2**

Educator expenses 11	Par	Adjustments to Income			
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	11			11	
officials. Attach Form 2106 1 Health savings account deduction. Attach Form 8889 1 Health savings account deduction. Attach Form 8889 1 Deductible part of self-employment tax. Attach Schedule SE 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed SEP, SIMPLE, and qualified plans 1 Self-employed health insurance deduction 1 The Penalty on early withdrawal of savings 1 Ba Alimony paid 1 Ba Pecipient's SSN 1 C Date of original divorce or separation agreement (see instructions): 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA deduction 2 IFA desclustion 3 IFA desclustion 3 IFA desclustion 4 IFA descl	12	Certain business expenses of reservists, performing artists, and fee-ba	asis government		
13 Health savings account deduction. Attach Form 8889		officials. Attach Form 2106		12	
15 Deductible part of self-employment tax. Attach Schedule SE 16 Self-employed SEP, SIMPLE, and qualified plans 17 Self-employed death insurance deduction 17 Penalty on early withdrawal of savings 18 Penalty on early withdrawal of savings 19a Alimony paid 19a Alimony paid 19a Recipient's SSN 19a Becipient's SSN 19a Becipient	13	Health savings account deduction. Attach Form 8889		13	
16 Self-employed SEP, SIMPLE, and qualified plans	14			14	
17 Self-employed health insurance deduction 18 Penalty on early withdrawal of savings 18 18 19 Alimony paid 19 Recipient's SSN 10 Date of original divorce or separation agreement (see instructions): 20 IRA deduction 21 Student loan interest deduction 22 Archer MSA deduction 23 Archer MSA deduction 24 Other adjustments: 25 Jury duty pay (see instructions) 26 Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24 Contributions of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24 Reforestation amortization and expenses 24 Repayment of supplemental unemployment benefits under the Trade Act of 1974 24 Contributions to section 501(c)(18)(D) pension plans 24 Contributions by certain chaplains to section 403(b) plans 24 Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) 24 Indicate the property of the provided of the lRS detect tax law violations 25 Industry and amount: 26 Total other adjustments. Add lines 24a through 24z 26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	15			_	
18	16			-	
19a Alimony paid b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 IRA deduction		Self-employed health insurance deduction		$\overline{}$	
b Recipient's SSN c Date of original divorce or separation agreement (see instructions): 20 1RA deduction	18			-	
c Date of original divorce or separation agreement (see instructions): IRA deduction	19a			19a	
20 Student loan interest deduction 21 22 23 24 22 24 24 24 24	b	Recipient's SSN			
Student loan interest deduction Reserved for future use Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m. Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974. Contributions to section 501(c)(18)(D) pension plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations Housing deduction from Form 2555. Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). Total other adjustments. List type and amount: 25 Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	С	Date of original divorce or separation agreement (see instructions):			
22 Archer MSA deduction				-	
Archer MSA deduction Other adjustments: Jury duty pay (see instructions) Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m Reforestation amortization and expenses Repayment of supplemental unemployment benefits under the Trade Act of 1974 Contributions to section 501(c)(18)(D) pension plans Contributions by certain chaplains to section 403(b) plans Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations Jeuseph Housing deduction from Form 2555 Let Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) Cother adjustments. List type and amount: Total other adjustments. Add lines 24a through 24z Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				$\overline{}$	
24 Other adjustments: a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit				-	
a Jury duty pay (see instructions) b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m				23	
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24		_		
rental of personal property engaged in for profit		, , , , ,	la		
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	b				
and USOC prize money reported on line 8m			łb	-	
d Reforestation amortization and expenses	С				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974					
Act of 1974			ła		
f Contributions to section 501(c)(18)(D) pension plans	е		la la		
g Contributions by certain chaplains to section 403(b) plans					
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions). i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations j Housing deduction from Form 2555. k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041). z Other adjustments. List type and amount: 24i 24j 24k 25 Total other adjustments. Add lines 24a through 24z. Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on				-	
discrimination claims (see instructions)	_		rg		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	"		lh		
from the IRS for information you provided that helped the IRS detect tax law violations	i	·	***		
tax law violations	٠				
j Housing deduction from Form 2555			4i		
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	i				
1041)	k		.,		
z Other adjustments. List type and amount:	•••		lk		
Total other adjustments. Add lines 24a through 24z	z				
Total other adjustments. Add lines 24a through 24z	_		łz		
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on	25			25	
	26	,			
				26	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Attachment Sequence No. **13**

Your social security number

ROH	AN R NYALAPATLA						332-1	9-0973	
Par									
	Note: If you are in the business of renting personal proper rental income or loss from Form 4835 on page 2, line 40.	ty, use S o	chedule	C . See	instru	ctions. If you a	are an indi	vidual, rep	ort farm
Α	Did you make any payments in 2022 that would require you	to file Fe	\rm(a) 1	0002 6	oo ino	tructions			. V No
	If "Yes," did you or will you file required Form(s) 1099?								
			• •	• •	• •				55 140
1a	Physical address of each property (street, city, state, ZIF	P code)							
Α	SAROORNAGAR RANGAREDDY TELANGANA IN 5	500079							
В									
С									
1b	Type of Property 2 For each rental real estate prope				Fa	ir Rental	Person		QJV
	(from list below) above, report the number of fair					Days	Da	ıys	
Α	personal use days. Check the Quif you meet the requirements to f		riiy	Α		365		0	
В	qualified joint venture. See instru			В					
С	i i			С					
	of Property:				_				
	Single Family Residence 3 Vacation/Short-Term Ren		5 Land			Self-Rental	\		
2	Multi-Family Residence 4 Commercial	(6 Roya	ıltıes	8	Other (desc	ribe)		
						Propert	ies:		
Incor	ne:			Α		В			С
3	Rents received	3		4	20.				
4	Royalties received	4							
Expe	nses:								
5	Advertising	5							
6	Auto and travel (see instructions)	6							
7	Cleaning and maintenance	7		1,1	85.				
8	Commissions	8							
9	Insurance	9							
10	Legal and other professional fees	10							
11	Management fees	11		9	50.				
12	Mortgage interest paid to banks, etc. (see instructions)	12							
13	Other interest	13		1 2	0.0				
14	Repairs	15		1,3					
15 16	Supplies	16		1,5	00.				
17	Utilities	17		1,7	85				
18	Depreciation expense or depletion	18			03.				
19	Other (list)	19							
20	Total expenses. Add lines 5 through 19	20		6,7	20.				
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If			-,,					
	result is a (loss), see instructions to find out if you must								
	file Form 6198	21		-6,3	00.				
22	Deductible rental real estate loss after limitation, if any,								
	on Form 8582 (see instructions)	22 (6,30	0.))	(
23 a	Total of all amounts reported on line 3 for all rental prope	rties .			23a		420.		
b	Total of all amounts reported on line 4 for all royalty prop				23b				
С	Total of all amounts reported on line 12 for all properties				23c				
d	Total of all amounts reported on line 18 for all properties				23d				
е	Total of all amounts reported on line 20 for all properties				23e	6	720.		
24	Income. Add positive amounts shown on line 21. Do no		-				. 24	,	
25	Losses. Add royalty losses from line 21 and rental real estate							(6,300.
26	Total rental real estate and royalty income or (loss).								
	here. If Parts II, III, IV, and line 40 on page 2 do not Schedule 1 (Form 1040), line 5. Otherwise, include this ar						on 26		-6.300
	- Consons I II OHH TUSO, IIIS J. OHISIWISE, IIICIIDE IIIS M	moulli ill		cai Oii II	115 41	UII Daue /	. /n		-0.500